

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In re: Colleen E. Allen

Petition No. 2001-1107-011-030

REINSTATEMENT CONSENT ORDER

WHEREAS, Colleen E. Allen of Branford, CT (hereinafter "respondent") has been issued license number 016924 to practice as a practical nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on October 21, 1998, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. Between 1990 and 1998, respondent abused or excessively used drugs including Meperidine, Ativan, Tylenol with codeine and Klonopin. She also failed to properly document medical or hospital records and falsified one or more Controlled Substance Receipt Records.
2. Pursuant to a Consent Order dated May 22, 1991, respondent was placed on probation for three years. Probation was successfully completed in May 1994.
3. In 1998, the Department received further information regarding respondent's alleged controlled substance diversion and abuse. Pursuant to an Interim Consent Order dated June 17, 1998 and a Summary Suspension Order dated October 7, 1998, respondent's license was suspended. Respondent voluntarily surrendered her license to practice effective October 16, 1998 in order to avoid further discipline.

4. A subsequent application for reinstatement of licensure submitted by the respondent in October 2001 was denied.
5. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-378 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. She waives her right to a hearing on the merits of this matter.
2. Respondent's license to practice practical nursing shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in §§ 19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties.
3. Immediately upon reinstatement, respondent's license shall be placed on probation for four years; during such time as respondent is employed as a practical nurse in the State of Connecticut her license shall be subject to the following terms and conditions:
 - a. Respondent shall participate in regularly scheduled therapy at her own expense with a licensed or certified therapist pre-approved by the Department (hereinafter "therapist").
 - (1) Respondent shall provide a copy of this Consent Order to her therapist.
 - (2) Respondent's therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be

transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.

- (4) The therapist shall submit monthly reports throughout the probationary period which shall address, but not necessarily be limited to, respondent's ability to practice practical nursing safely and competently and in an alcohol and substance free state. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has terminated.
- (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates his or her services.

- b. During the period of probation respondent shall refrain from the ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substance and/or legend drug unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. In the event a medical condition arises requiring treatment utilizing controlled substances, legend drugs, or alcohol in any form, respondent shall notify the Department and, upon request, provide such written documentation of the treatment as is deemed necessary by the Department.

- (1) During the first two years of the probationary period, respondent shall, at her own expense, submit to weekly random observed urine screens for alcohol, controlled substances, and legend drugs; during the final two years, she shall submit to such screens twice monthly. Such screens shall be conducted in accordance with

Department Requirements for Drug and Alcohol Screens, attached hereto marked as "Attachment A: Department Requirements for Drug and Alcohol Screens" at a testing facility approved by the Department. Respondent shall submit to such screens on a more frequent basis if requested to do so by the therapist or the Department. All such random screens shall be legally defensible in that the specimen donor and chain of custody shall be identified throughout the screening process. All laboratory reports shall state that the chain of custody procedure has been followed.

- (2) Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by the testing laboratory. All such screens shall be negative for alcohol, controlled substances, and legend drugs, except for medications prescribed by respondent's physician. If respondent has a positive urine screen, the facility shall immediately notify the Department. All positive random drug and alcohol screens shall be confirmed by gas chromatograph/mass spectrometer testing.
- (3) Respondent understands and agrees that if she fails to submit a urine sample when requested by her monitor, such missed screen shall be deemed a positive screen.
- (4) Respondent shall notify each of her health care professionals of all medications prescribed for her by any and all other health care professionals.
- (5) Respondent is hereby advised that the ingestion of poppy seeds and mouthwash has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, and mouthwash during the

term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol, respondent agrees that the ingestion of poppy seeds and/or mouthwash shall not constitute a defense to such a screen.

- c. During the entire probationary period, respondent shall attend "anonymous" or support group meetings on an average of four times per month, and shall provide monthly reports to the Department concerning her record of attendance.
- d. Respondent shall provide her employer at each place where respondent practices as a practical nurse throughout the probationary period with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility. Respondent agrees to provide reports from such employer on a monthly basis for the entire period of probation stating that respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state.
- e. Respondent shall not administer, count, or have access to narcotics or other controlled substances, or have responsibility for such activities in the course of her nursing duties for the first twelve months of the probationary period.
- f. Respondent shall not be employed as a practical nurse for a personnel provider service, assisted living services agency, homemaker - home health aide agency, or home health care agency, and shall not be self-employed as a practical nurse for the period of her probation.
- g. In the event that respondent is employed outside of the State of Connecticut, respondent shall notify the Department in writing. Such period of time shall not be counted in reducing the probationary period covered by this Prelicensure Consent Order.

- h. Respondent shall maintain an active license to practice as a practical nurse in the State of Connecticut throughout the period of probation.
- i. All correspondence and reports during the term of probation shall be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
410 Capitol Avenue, MS #12 HSR
P.O. Box 340308
Hartford, CT 06134-0308

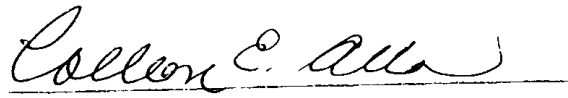
4. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
5. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
6. Respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
7. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Office of Practitioner Licensing and Certification of the Department.
8. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Board of Examiners in Nursing in which (1) her compliance with this Reinstatement Consent Order is at issue, or (2) her compliance with §20-378 of the General Statutes of Connecticut, as amended, is at issue.
9. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not

deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.


10. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
11. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
12. Respondent has the right to consult with an attorney prior to signing this document.
13. This Reinstatement Consent Order is a matter of public record.

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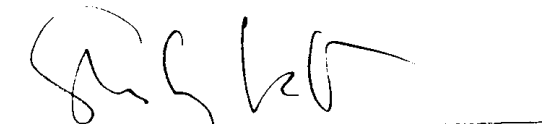
I, Colleen E. Allen, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.


Colleen E. Allen

Subscribed and sworn to before me this 23 day of January 2002.


Notary Public or person authorized
by law to administer an oath or affirmation
My Commission Expires
April 30, 2007

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 27th day of January 2002, it hereby ordered and accepted.


Stanley K. Peck, Director
Legal Office

Petition #2001-1197-011-030
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